

1-23-08

Form ACO-1
September 1999
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33476
Name: FIML Natural Resources, LLC
Address: 410 17th St. Suite 900
City/State/Zip: Denver, CO 80202
Purchaser: NCRA
Operator Contact Person: Phyllis Sobotik
Phone: (303) 899-5608
Contractor: Name: Cheyenne Well Service, Inc.
License: 6454

Wellsite Geologist: _____
Designate Type of Completion:
____ New Well ____ Re-Entry Workover
 Oil ____ SWD ____ SLOW ____ Temp. Abandoned
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: Hertel 1
Original Comp. Date: 7/15/1991 Original Total Depth: 3500'
____ Deepening Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
 Commingled Docket No. Applied For
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____
11/27/06 12/14/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 163-23171-00-01
County: Rooks
____ SE ____ SE ____ SW Sec. 17 Twp. 8 S. R. 18 East West
330 feet from (B) / N (circle one) Line of Section
2970 feet from (B) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Hertel A Well #: 1
Field Name: Sweet, North
Producing Formation: Arbuckle, LKC
Elevation: Ground: 2009' Kelly Bushing: 2014'
Total Depth: 3500' Plug Back Total Depth: 3470'
Amount of Surface Pipe Set and Cemented at 8-5/8" @ 212' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 26 2007
CONSERVATION DIVISION
WICHITA, KS

Drilling Fluid Management Plan WO NH 9-16-08
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Phyllis Sobotik
Title: Operations Regulatory Manager Date: 1/23/07
Subscribed and sworn to before me this 23rd day of January,
2007.
Notary Public: Elaine Winick
Date Commission Expires: 5/5/2009

KCC Office Use ONLY

4 Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: FIML Natural Resources, LLC Lease Name: Hertel Well #: 1
 Sec. 17 Twp. 8 S. R. 18 East West County: Rooks

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Submitted by original operator with initial completion papers	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Name</td> <td style="width:20%; border-bottom: 1px solid black;">Top</td> <td style="width:20%; border-bottom: 1px solid black;">Datum</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Name	Top	Datum			
Name	Top	Datum					

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	3398-3401' (LKC)	A/ 250 gals 15% MCA, 1000 gals 15% INS	3398-3401'
4	3356-3360' (LKC)	A/ 500 gals 15% MCA, 600# rock salt	3356-60'
4	3340-3345' (LKC)	A/ 250 gals 15% MCA	3340-45'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	3456'	NA		
Date of First, Resumed Production, SWD or Enhr. 12/15/2006			Producing Method			
			<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	5.85	0	7			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<u>3340-3401' (LKC)</u> <u>3445-3464' (Arbuckle)</u>

~~1-23-08~~
1-23-09

January 23, 2007

KCC
JAN 23 2007
CONFIDENTIAL



410 17th Street, Suite 900
Denver, CO 80202
Phone: (303) 893-5073
Fax: (303) 573-0386

Kansas Corporation Commission
Oil & Gas Conservation Division
130 S. Market, Room 2078
Wichita, KS 67202-3802

RE: Hertel #1
SESW Sec 17 T8S R18W
API # 15-163-23171
Rooks County, KS

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 26 2007
CONSERVATION DIVISION
WICHITA, KS

Ladies and Gentlemen:

Enclosed is an original and two copies of the following information concerning the referenced well.

Form ACO-1 (Well Completion Form – for Workover)

No cementing operations were performed during this workover. No electric logs were ran.

FIML Natural Resources, LLC is requesting that side two (2) of Form ACO-1 (Well Completion Form) be held confidential for a period of twelve (12) months.

If you have any questions or need further information, please contact me at 303-899-5608.

Sincerely

A handwritten signature in black ink that reads 'Phyllis Sobotik'. The signature is written in a cursive style.

Phyllis Sobotik
Operations Regulatory Manager

Enclosures: